



## TRANSMITTAL FORM

Attorney Docket No.

RPS920030075US1/2849P

In re the application of: **Brian Michael KERRIGAN, et al.**Confirmation No: **9435**Serial No: **10/607,704**Group Art Unit: **2835**Filed: **June 27, 2003**Examiner: **Edwards, Anthony Q.**For: **HANDLING SYSTEM FOR USE WITH A BLADE IN A BLADE SERVER SYSTEM**

## ENCLOSURES (check all that apply)

|                          |                                     |                                                                                                                                                   |                                                  |                                     |                                                                   |
|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>                                                                                                                          | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group                            |
| <input type="checkbox"/> | After Final                         | <input checked="" type="checkbox"/>                                                                                                               | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> | Information disclosure statement    | <input type="checkbox"/>                                                                                                                          | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> | Form 1449                           | <input type="checkbox"/>                                                                                                                          | Replacement Drawings                             | <input type="checkbox"/>            | Status Letter                                                     |
| <input type="checkbox"/> | (X) Copies of References            | <input type="checkbox"/>                                                                                                                          | Petition                                         | <input checked="" type="checkbox"/> | Postcard                                                          |
| <input type="checkbox"/> | Extension of Time Request *         | <input checked="" type="checkbox"/>                                                                                                               | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> | Express Abandonment                 | <input type="checkbox"/>                                                                                                                          | Terminal Disclaimer                              |                                     |                                                                   |
| <input type="checkbox"/> | Certified Copy of Priority Doc      | <input type="checkbox"/>                                                                                                                          | Power of Attorney and Revocation of Prior Powers |                                     |                                                                   |
| <input type="checkbox"/> | Response to Incomplete Appln        | <input checked="" type="checkbox"/>                                                                                                               | Change of Correspondence Address                 |                                     |                                                                   |
| <input type="checkbox"/> | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . |                                                  |                                     |                                                                   |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) |                                                                                                                                                   |                                                  |                                     |                                                                   |

## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE     |
|--------------------|----------------------------------|-----------------------------------------|--------------|------------|---------|
| Total Claims       | 0                                | 0                                       | 0            | \$50.00    | \$ 0.00 |
| Independent Claims | 0                                | 0                                       | 0            | \$200.00   | \$ 0.00 |
|                    |                                  |                                         |              | Total Fees | \$ 0.00 |

## METHOD OF PAYMENT

|                                     |                                                                                                                                                        |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                                                                             |
| <input checked="" type="checkbox"/> | Charge \$ <b>1700.00</b> to Deposit Account No. <b>50-0563</b> (IBM Corporation) for payment of fees.<br>Issue Fee \$1400.00; Publication Fee \$300.00 |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <b>50-0563</b> (IBM Corporation)                                           |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |                                      |
|---------------|--------------------------------------|
| Attorney Name | Stephen G. Sullivan, Reg. No. 38,329 |
| Signature     |                                      |
| Date          | September 1, 2005                    |